CORE BENEFIT

Notice of Death for Funeral Claims

Claims and Enquiries: 0861 273 883

UniQ Benefit Solutions (Pty) Ltd is an Authorised Financial Services Provider, FSP no. 52006

African Unity Life Limited, a Licensed Life Insurance Company and an Authorised Financial Services Provider, FSP no. 8447

Sch	eme Name																	
Α.																		
1.	•	m in black ink and in block letters																
2.		to UniQ Benefit Solutions at the above fax number, together with the following supporting documents (please refer to the																
		ecklist to ensure all documents are attached) opy of the computerised death certificate ;																
	A certified cop	py of the computerised deceased's identity document ;																
		opy of the main member's identity document ; e application form / policy certificate;																
	A copy of the	opy of the BI-1663 (issued by undertaker or hospital) ;																
	 A police report in the case of death due to unnatural causes; A copy of the last premium receipt / payslip; If claimant is a different person / entity from the beneficiary (3rd party payments), please attach written authorisation (affidavit/ letter 																	
															t/ letter			
	 of authority f A certified cop 						laimant	to rece	ive the res	pect cla	aim am	nount;						
	Claims for chil	ld dependa	ants:	-														
	 A certified Proof of s 									4								
	 Bank stat 	ement of	nomir	nated I	beneficia	ary or I	main m	ember.										
	 Clinic carc Birth certi 					nancy	(only ap	plicable	to stillbo	n child)								
	 Affidavit i 				0	the de	pendent	s are d	ifferent fro	m the r	nain m	nembe	er					
	The Underwriter wi									ing on t	he circ	cumsta	ances, t	here m	ay be	other	requi	rements.
	Please ensure that				-	ts that	are set o	out in th	his form.									
B.	DETAILS OF F	UNERAL	. PAR	RLOU	R													
	Name																	
	Contact Person															1		
	Contact No.								Email									
				DETAILS OF ADMINISTRATOR (For office use)														
C.	DETAILS OF A	DMINIS	TRAT	FOR (For off	fice u	se)											
C.	DETAILS OF A	DMINIS	TRAT	for (For off	fice u	se)											
C.		DMINIS	TRAT	FOR (For off	fice u	se)											
C.	Name Contact Person Contact No.								Email									
С.	Name Contact Person Contact No. The Administrator	hereby wa	rrants	that th	ne followi	ng che	cks have											
C.	Name Contact Person Contact No.	hereby wa	rrants	that th hospit	ne followi al who ce	ng che ertified	ecks have the dea	th	done:									
С.	Name Contact Person Contact No. The Administrator • Death confirm	hereby wa ed with do ed with fu	rrants octor / neral p	that th hospit parlour,	e followi al who ce , i.e. body	ng che ertified y was ii	ecks have the dea n fact in	th their po	done:	claiman	t has k	Deen V	verified					
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Ε.	DETAILS OF THE DECEASED continued																								
	Place of death (city/town)																								
	If unnatural, please state the exact cause of death																								
	Name and	address	of doo	tor /	hosp	ital v	vho /	whick	n cert	ified	the	deat	h cer	tificate											
	Address																								
	Code										Con	itact I	lumber												
	Did the deceased commit suicide or was his / her deat law as a result of someone else's alleged violence? If yes, please state the circumstances of death.										th the result of his / her transgressing any 🛛 Yes 🗆 No														
	n yes, pieas					M		ı. 	Y	Y Y Y															
	Funeral Dat	te		/	,			/			Claim Amou						R								
F.	DETAILS	OF CI	LAIM	ANT																					
	In what cap	bacity ar	e you l	odgir	ig the	e clai	im?					Non	ninate	d Benefi	ciary				Other	(atta	ch au	thoris	ation)		
	Surname																								
	First name/	's																							
	ID/Passpor	t no.																							
	Relationshi	p to Deo	ceased																						
	Cell													Telepho	ne (h)										
	Telephone	(w)													Email										
	Postal addr	ress																							
																				Сос	de				
	Are you aw	are of a	ny oth	er ber	nefici	aries	/ cla	imant	s unc	ler th	nis p	lan?								/es		No			
	If yes, pleas	se state																							
G.	BANK D	ETAIL	S OF	CLA	MA	NT																			
	We will pay	/ the pro	oceeds	direc	tly in	to yc	bur ba	ank ad	coun	nt. Pl	ease	e pro	vide d	details be	elow:										
	Name of ba	ank																							
	Branch nan																								
	Branch nun																								
	Type of acc	count																							
	Account nu	umber																							
	Accountho	lder nan	ne																						
	se note that																								ie
clain	nable amour	nt to the	e respe	ctive i	nomi	nate	d ber	neticia	ry's b	bank	acco	ount	(3rd p	oarty pay	ment)	as sti	pulat	ed on	the a	appro	oved o	claim c	locun	ients.	
"I					·0 P				here	eby g	ive p	berm	ission	and spe	cificall	y non	ninate	UniQ	Bene	efit So	olutio	ns (Pty	/) Ltd	to receiv	'e
	benefit from						it Sol	utions	s will	in tu	rn p	ay th	ie ber	nefit to n	omina	ited b	enefic	ciaries	as in	dicat	ed in	this c	laim f	orm."	
Н.	DECLAR						allv or	ntitled	l to re	ocoiv	a th	e nro	cood	in term	s of th	o saic	l nlan	and t	hat ti		tato i	ssolve	nt an	d has no	nt.
	been cedeo																					3 30100	int an		λ.
	Signed at														Date	D	D	, [M	M	, [<u>Y Y</u>	Y	Y	
	<u> </u>															L		· [· _				
	Signature c	of Claima	ant																						
	-																								